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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/580,063			ing Date 09/2007	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY
	FOR		NUMBER FILED		NUMBER EXTRA		Г	RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A		1	N/A		1	N/A	
SEARCH FEE (37 CFR 1 16(k), (i), or (m))			N/A		N/A		1	N/A		1	N/A	
EXAMINATION FEE (37 CFR 1,16(o), (p), or (q))			N/A		N/A]	N/A]	N/A	
TOTAL CLAIMS (37 CFR 1.16(i))			minus 20 =				1	x \$ =		OR	x s =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 =		•		1	X \$ =		1	X \$ =	
	APPLICATION SIZE 37 CFR 1.16(s))	FEE she is s	If the specification and draw sheets of paper, the applica is \$250 (\$125 for small entit additional 50 sheets or fract 35 U.S.C. 41(a)(1)(G) and 3			n size fee due for each n thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										1		
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		1	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	07/13/2011	CLAIMS REMAINING AFTER AMENDMEN	,	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.15(1))	· 32	Minus	32		= 0	l	X \$ =		OR	X \$52=	0
	Independent (37 CFR 1,16(h))	• 2	Minus	3		- 0	1	X \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))											
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMEN	r	NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))		Minus			-		x s =		OR	x s =	
	Independent (37 CFR 1 16(h))		Minus	***		-	1	X \$ =		OR	X \$ =	
	Application Size Fee (37 CFR 1.16(s))]			1		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(ii))									OR		
* If the entry in column 1 is less than the entry in column 2, write *0* in column 3.								TOTAL ADD'L FEE	nstrument Fr	OR camin	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0"in column 3. Legal Instrument Examinier: "If the "Highest Number Previously Paid For IN THIS SPACE is less than 30, enter "20". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 30, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 30, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 30, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 30, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Pa												

This collection of Information is equiend by 37 CFR 1.16. The information is sequiend to obtain or retain a benefit by the public within it is to file (and by the USRTO to process) an application Condificientity is governed by 38 USs 1.22 and 37 CFR 1.4. This recibited in estimated to table 12 minutes to complete, enough greatering, peparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the smooth of time you require to complete the form and/or supposednoss for reducing this burden, should be sent to the CHIP (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22913-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.